Canadian International Development Agency

Agence canadienne de développement international

CIDA's SOCIAL DEVELOPMENT PRIORITIES: A FRAMEWORK FOR ACTION

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Canada

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CIDA's SOCIAL DEVELOPMENT PRIORITIES: A FRAMEWORK FOR ACTION

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Maria Minna, Minister for International Cooperation, with students in South Africa

An introduction from the Minister

Canada's Official Development Assistance program supports sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable, and prosperous world. In a world of increasing interdependence, this mandate is more important than ever. Canadians recognize that their economic prosperity, the state of their environment, and their security as individuals depends on developing effective responses to the daunting challenges faced by the developing world.

For a development agency like the Canadian International Development Agency (CIDA), responding to the challenges of global interdependence means we must work on several fronts. We need to work with developing countries to help them participate more fully in issues dealing with trade and the environment, where effective international institutions and agreements are fundamental to our self-interest. We need to strengthen our capacity to affect the policy positions adopted by the Canadian government, so that the perspectives of the developing world are brought more effectively to the table. We need to expand our cooperation with other departments to advance Canada's leadership in human security and strengthen our approach to conflict resolution, peacebuilding, and the protection of civilians. We need to build stronger partnerships to tap into the world-class expertise within Canadian society—in non-governmental organizations, in business, and in universities and colleges—to respond to development challenges. Above all, we need to find ways of engaging developing countries more effectively as equal partners in resolving these broad global issues.

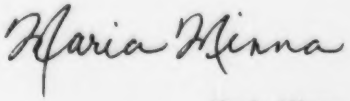
Meeting these global challenges won't be possible in a world where too many countries are faced first and foremost with the reality of widespread poverty. This is why, as a first priority, we must increase our focus on providing for basic human needs. Healthy, well-nourished, and educated people are the basis of prosperous economies and stable states. Without them, development is impossible.

CIDA's Social Development Priorities: A Framework for Action announces a strengthening of resources devoted to basic education, health and nutrition, HIV/AIDS, and child protection, with gender equality as an integral part of all these priority areas.

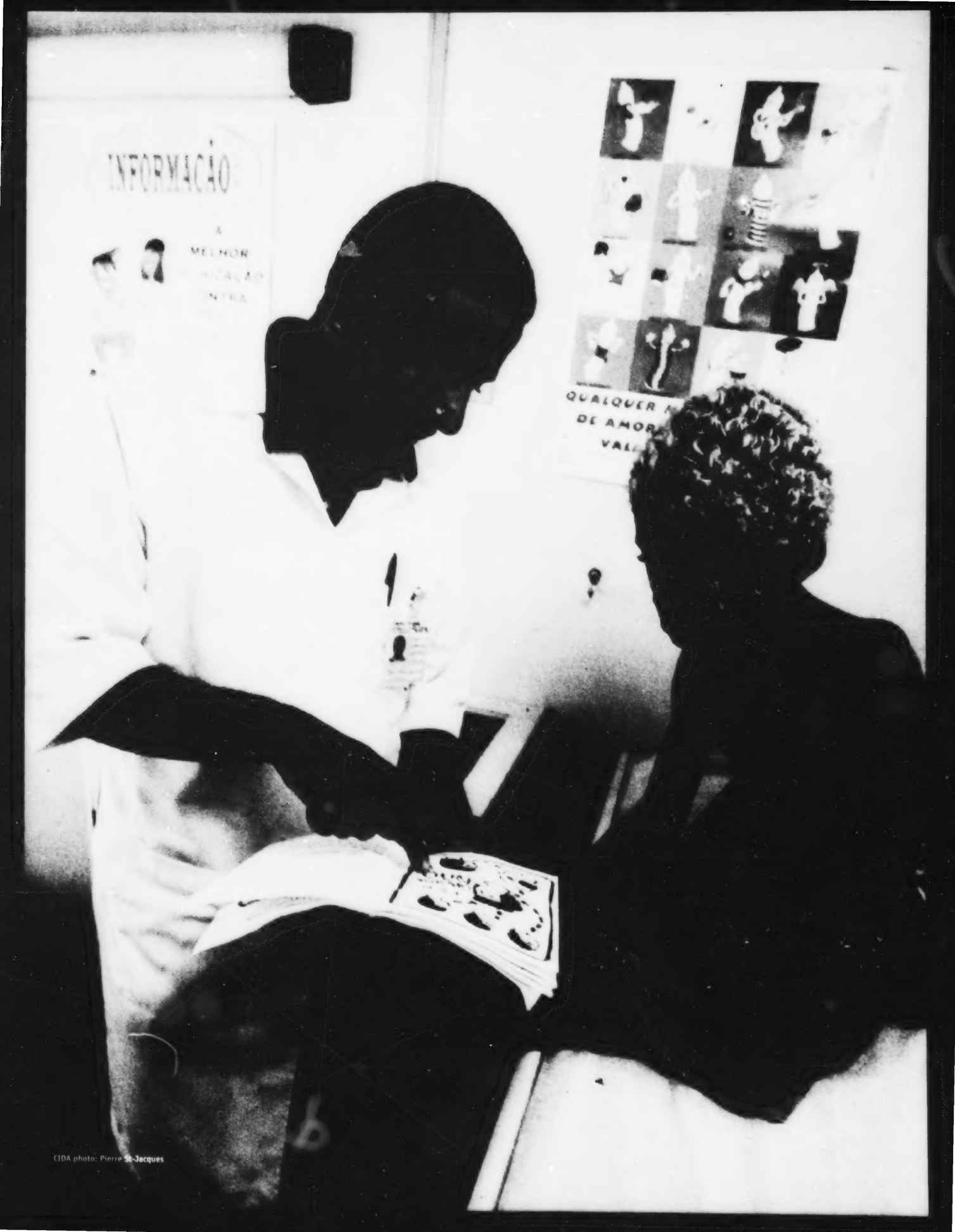
The broader community recognizes the need to focus on responding to basic human needs. Through agreements reached at several United Nations conferences and summarized in the Organization for Economic Cooperation and Development (OECD) report, *Shaping the 21st Century,* there is an international consensus on the priority development challenges. Ambitious but realizable targets have been adopted for reducing extreme poverty, providing universal primary education, eliminating gender disparity in education, reducing mortality rates for infants and mothers, providing universal access to reproductive health services, and developing strategies for sustainable development.

As Minister responsible for the Canadian International Development Agency, I am determined in the first instance to focus more of our resources on some key priority areas of social development which respond to this international consensus and meet developing country needs. *CIDA's Social Development Priorities: A Framework for Action* announces a strengthening of resources devoted to basic education, health and nutrition, HIV/AIDS, and child protection, with gender equality as an integral part of all these priority areas. The first three areas fall within the basic human needs category, while the fourth is part of our contribution to Canada's human-rights and human-security agenda.

The Framework for Action commits the Canadian International Development Agency to an aggressive five-year investment plan for the four priority areas. I am very pleased to present this Framework, and believe it will make Canada's development assistance program even more effective in building a better quality of life for some of the poorest and most marginalized people in the world. I invite all Canadians to work with us to translate the vision and principles outlined in this document into an effective program for action. With your engagement and your support, we can make a difference.



Maria Minna
Minister for International Cooperation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CIDA photo: Pierre St-Jacques

Chapter 1: An overview of CIDA's Social Development Priorities

Progress has been achieved

The primary goal of the Canadian International Development Agency (CIDA) is to reduce poverty. This goal is the foundation of CIDA's policies and programming in diverse areas that range from providing for basic human needs to developing the private sector. While some believe that global poverty is only getting worse and there is very little that can be done, the experience of the past 30 years suggests otherwise.

- Between 1970 and 1997, the average life expectancy at birth for all developing countries rose from 55 to 65 years.
- Over the same period, the percentage of adults in developing countries considered literate rose from just under 50 percent to just under 70 percent, with the gap between women and men and girls and boys beginning to narrow.
- About 70 percent of the population of the developing world has access to safe water, compared to 30 percent in 1970.
- Between 1983 and 1997, the percentage of children under 12 months old who were immunized for diphtheria, pertussis (whooping cough), and tetanus rose from 37 to 80 percent.

While progress has been made, poverty remains the daunting challenge. Of the planet's six billion people, half live on an income of under US$2 per day, and 1.3 billion live in extreme poverty on less than US$1 per day.

Most of the credit for this progress must go to developing countries themselves. However, development assistance has played a key role. For example, Canada has made a significant international contribution to reducing the number of children born with iodine-deficiency disorders. UNICEF has credited the work of the Ottawa-based Micronutrient Initiative—funded by CIDA—with the fact that over 7 million children have been born without the mental impairments that accompany iodine deficiency. Canada's efforts to combat vitamin-A deficiency have also met with success, winning the praise of the World Health Organization.

Improvements in agriculture—leading to a 20-percent rise in per-capita food production and consumption—and declining birth rates, improved basic infrastructure, and a diminished prevalence of disease can all be attributed in part to international cooperation and the assistance provided by countries like Canada.

Much remains to be done

While progress has been made, poverty remains the daunting challenge. Of the planet's six billion people, half live on an income of under US$2 per day, and 1.3 billion live in extreme poverty on less than US$1 per day.

Seventy countries have average incomes below their 1980 levels. The poorest 20 percent of the world's people receive only 1.2 percent of world income. Over 30,000 children die each day from largely preventable diseases. Poor nutrition contributes to over half these deaths. Little progress has been made in maternal health, with over half a million women dying each year of pregnancy-related causes. Over 20 percent of school-aged children are still out of school. Of this number, two-thirds are girls. AIDS is now killing more people than any other infectious disease, and HIV is outstripping efforts to contain it. Already, there are about 33 million people infected worldwide. Some 13.7 million Africans have already been claimed by the virus, leaving behind about 11 million orphans. In some countries, HIV/AIDS is reversing hard-won development progress. Perhaps most disturbing of all is the fact that children make up over half the world's poor. Within this group are tens of millions of children further marginalized by armed conflict, sexual exploitation, hazardous labour, the impact of HIV/AIDS, or life on the streets.

Over 30,000 children die each day from largely preventable diseases. Poor nutrition contributes to over half these deaths.

In summary, in a world of ever-increasing wealth and technological advances, there are still far too many children who begin life malnourished, in poor health, vulnerable to preventable diseases, and without access to even basic education. In short, they never get the chance to live a productive life and rise out of poverty.

The need for international goals

After 50 years of development cooperation, the international community—both developed and developing countries—agreed to and set measurable international development goals. The goals are based on agreements reached at several global United Nations conferences and summits held during the 1990s, and are outlined in the OECD's document *Shaping the 21st Century*. The consensus among donors and developing countries is that these targets, while ambitious, are achievable.

These goals, which Canada has endorsed, are as follows:[1]

- a reduction by one-half in the proportion of people living in extreme poverty by 2015;
- universal primary education in all countries by 2015;
- demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education by 2005;
- a reduction by two-thirds in the mortality rates for infants and children younger than five years old, and a reduction by three-quarters in maternal mortality, all by 2015;

[1] Although the goals cover a wide range of subjects, they are consistently focused on reducing poverty and thereby improving human well-being. In addition, they are each supported by a range of "qualitative" elements, including democratic accountability, the protection of human rights, and the rule of law.

- access through the primary health-care system to reproductive health services for all individuals of appropriate ages as soon as possible and no later than 2015; and
- the implementation of national strategies for sustainable development in all countries by 2005, to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015.

Reaching these goals depends on the level and quality of effort by developing countries and donors themselves. A recent World Bank assessment indicates that, although progress is being made, accelerated efforts will be needed if the goals are to be achieved.

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A need for CIDA to focus

CIDA's current policy framework for Official Development Assistance was introduced in 1995, and appears in the foreign policy statement *Canada in the World*. It lists six program priorities:

- basic human needs;
- gender equality;
- infrastructure services;
- human rights, democracy, and good governance;
- private-sector development; and
- the environment.

These priorities are in keeping with internationally agreed-upon objectives and consensus in the areas most important to development success. These priorities will therefore continue to guide CIDA programming.

However, given the enormity of poverty in the world today and the limited resources available to tackle urgent development needs, it is imperative that CIDA bring greater focus to its priorities. CIDA must strengthen its programming and focus the public's resources where the needs are the greatest, and where CIDA's assistance can make the biggest difference.

CIDA's Social Development Priorities

One area that clearly meets these two criteria is basic social development—essentially, health and education. There is strong evidence that sound investments in basic health and nutrition and basic education can significantly outweigh the return on investments in other areas of programming.[2] Returns are both immediate and long term. A healthy, well-nourished, and literate society can improve its members' lives and help spur broad economic growth, which in turn contributes to poverty reduction and a better future for society as a whole.

[2] According to the World Bank, supporting girls' education is the best investment that a developing country can make. Girls who are educated marry later, have fewer children, and are better able to care for their families. They can also earn 10 to 20 percent more.

Despite its relative youth, AIDS is killing more people than any other infectious disease. In some countries, it threatens to overwhelm development gains and has led to a decline in life-expectancy rates.

Among the many health matters that developing countries face, there is one that stands out as a challenge with far-reaching development impacts across all society: the HIV/AIDS pandemic. Despite its relative youth, AIDS is killing more people than any other infectious disease. In some countries, it threatens to overwhelm development gains and has led to a decline in life-expectancy rates.

Social development must reach all members of society, especially the children. Many girls and boys in the developing world are deprived of their basic rights to health and education. Some, however, are confronted with additional challenges, such as exploitative labour, the loss of family members, sexual exploitation, life on the streets, and, in societies torn apart by war, recruitment into armed forces to fight as soldiers or to work in supportive roles (e.g., cooks and messengers). These children often exhibit great resilience in coping with the many challenges they face. However, they often lack access to health services or to appropriate forms of education. They may also experience other forms of discrimination and exploitation.

For these reasons, CIDA will expand and strengthen its programming in four priority areas:

- basic education;
- basic health and nutrition;
- HIV/AIDS; and
- child protection.

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- **basic education;**
- **basic health and nutrition;**
- **HIV/AIDS; and**
- **child protection.**

CIDA will strategically invest to make a stronger contribution to human well-being, and to accelerate progress toward achieving the international development goals and strengthening the development impact of Canadians' aid investments.

CIDA will emphasize new approaches to development cooperation that will help increase the effectiveness of Canada's aid program. It will use an integrative approach to ensure that programming in one priority area also contributes to work in the other priority areas. For example, because there are clear links between HIV/AIDS and other health issues, such as tuberculosis and child health, CIDA will look for every opportunity to ensure that its programming in both these areas is mutually reinforcing and works toward complementary goals.

Education has clear impacts on health, the spread of HIV/AIDS, and the welfare of children. Educated people are better able to make sound choices on issues that affect their health and the welfare of their children. This is especially true for women and girls; education is one way of helping them overcome traditions that put them more at risk of HIV/AIDS infection. CIDA will shape its support for education in ways that contribute more broadly to the well-being of individuals and families in the developing world. By incorporating these kinds of integrated

approaches, Canada will get the maximum impact from its aid dollars, and make the greatest possible contribution to social and economic progress in its partner countries.

The heart of the Framework is poverty reduction. This overarching objective will be supported by investments in other areas—not the least of which is achieving broad-based sustainable and equitable economic growth in developing countries. However, without investments in the priority areas of social development, economic growth will not reduce poverty, and many hundreds of millions of people will continue to be left behind.

Gender equality is a central issue

Gender equality is essential. Women and girls typically face inadequate and unequal access to primary health care—especially reproductive health care—and to the food and nourishment they need for a healthy life. In fact, the greatest disparity between indicators of human well-being for developing countries and industrial countries is in maternal mortality rates, which are still shockingly high in many developing countries. Education is another area of gender disparity. In the developing world, male primary-school enrolment rates are double those of females. Gender power relations and social stigma are major barriers to the control of HIV/AIDS. Among children requiring special protection, gender-based discrimination contributes to specific problems for girls, including sexual exploitation and violence. For boys in war-affected countries, problems include forced recruitment into armed forces. CIDA will ensure a strong focus on gender equality in each of the four priority areas. Specifically, it will base its work on sound gender analysis, building on opportunities to empower women and men, promote respect for human rights, and help close gender gaps that block or slow human development.

Human security

For the poorest and most vulnerable members of society, poverty and lack of security are linked in a vicious circle. Breaking that cycle requires measures to promote human development through access to reliable social services. People have a right to education and health services. They have a right to live in an environment free from the deadliest diseases, exploitation, and abuse. CIDA's Social Development Priorities will help to underpin and thus bolster the Government's human-security agenda. The Framework is but one way in which CIDA can contribute to the human-security agenda. Other dimensions of CIDA's ongoing contribution include its support for governance reform, post-conflict peacebuilding, mine action, the promotion of human rights, the protection and management of environmental resources, the promotion of food security, and the promotion of gender equality.

Health and nutrition

Good health is crucial to human well-being, and a healthy population is essential for development. Relatively modest investments in proper nutrition, primary health care, and water and sanitation can make enormous strides in reducing poverty and improving the quality of life. Canada has world-class expertise to offer. For example, the Micronutrient Initiative, which is helping improve the lives of millions of children, is based in Ottawa. CIDA will build on its knowledge and strengthen its reputation in this field through a series of new initiatives. CIDA has developed a Leadership Initiative in Health and Nutrition, and is currently elaborating a health and nutrition action plan.

Relatively modest investments in proper nutrition, primary health care, and water and sanitation can make enormous strides in reducing poverty and improving the quality of life.

CIDA will expand its support for international health initiatives launched by the United Nations and the World Bank, including the Roll Back Malaria campaign, the Global Stop Tuberculosis Initiative, and the Global Alliance for Vaccines and Immunization. The impact of these initiatives will be substantial. Over the next 12 months, these efforts will contribute to the eradication of polio, a significant achievement in the struggle to prevent disability. CIDA will increase its support for reproductive health care and safe-motherhood programs in ways that complement and support its increased investment in HIV/AIDS prevention. As part of the health and nutrition action plan, CIDA will also develop a water and sanitation plan that sets out cost-effective ways to accelerate access to clean water and adequate sanitation for the poor.

Basic education

Despite it being a fundamental human right, millions of children, especially girls, are denied a basic education. Rapid population growth, increased poverty, persistent conflicts, and the devastating impact of the HIV/AIDS epidemic are worsening the situation and leaving an increasing number of children out of school.

To help remedy this situation, CIDA will develop and implement a basic education strategy and action plan to guide its investments and programming. CIDA will also develop a Leadership Initiative for Canada in Closing the Gender Gap in Primary Education, which will build on its well-established strengths in girls' education as well as its commitment to gender equality. As part of its action plan, CIDA will also support the development and reform of the basic education sector in selected countries, strengthen the integration of locally driven education efforts within the formal education system, and improve the quality of basic education. It will also look at ways in which education can be used to help prevent the spread of HIV/AIDS.

HIV/AIDS

The spread of HIV/AIDS is driving an ongoing deterioration in global health and undermining the capacity of developing countries to foster

social and economic progress for their people. The growing magnitude of the HIV/AIDS threat requires more public education, improved health-care training, and capacity-building in developing-country governments and national health-care systems.

At CIDA's June 2000 international HIV/AIDS conference, *Confronting the Global Pandemic*, Minister Minna announced the HIV/AIDS action plan. This action plan outlines CIDA's goals and charts future directions for programming. Among the areas where CIDA will strengthen its programming are:

- improved reproductive health care;
- greater support for controlling HIV/AIDS through education;
- intensified research on the development and use of female-controlled prevention methods;
- greater support for HIV/AIDS orphans; and
- enhanced support for vaccine development.

CIDA will also work to strengthen political commitment among developing-country leaders to eradicating HIV/AIDS.

Child protection

Canada is a signatory to and leading participant in international agreements on children, the most important of which are the 1989 *Convention on the Rights of the Child* and the *Convention on the Worst Forms of Child Labour,* which Canada ratified on June 6, 2000. The *Convention on the Rights of the Child* lists a range of rights related to protecting girls and boys, and calls upon states to honour their obligations to uphold these rights. In the past, although children had benefited from CIDA programs in many ways, few of the programs were explicitly aimed at child protection. As CIDA expands its child-protection programming, it will focus on two specific areas: war-affected children and exploitative child labour. CIDA is now developing a child protection action plan.

CIDA, in partnership with the Department of Foreign Affairs and International Trade, is hosting an international conference on war-affected children in September 2000 to explore strategic alliances with key partners. CIDA will develop a multidimensional program on war-affected children that focuses on priority areas like basic education and education that empowers young people to prevent and resolve conflicts, as well as the rehabilitation of children, including access to basic health and psychosocial services. CIDA will also promote opportunities to engage youth as full participants in developing policy and programming for war-affected boys and girls.

Concerning child labour, CIDA will expand its policy dialogue with developing countries, particularly those where exploitative child labour is a serious problem. CIDA's approach to child labour is based on a distinction between

CIDA will develop a multidimensional program on war-affected children that focuses on priority areas like basic education and education that empowers young people to prevent and resolve conflicts, as well as the rehabilitation of children, including access to basic health and psychosocial services.

hazardous work, which threatens a child's health and physical and psychosocial development, and work that is not hazardous and allows for educational opportunities. CIDA's priorities in these areas will include identifying strategies to remove children from the worst forms of child labour and prevent their being employed in these conditions in the first place, while also enhancing access to and improving education for children who continue to work in safe conditions. CIDA will also support innovative research initiatives in new areas, such as how small- and micro-enterprise development can become part of the solution to exploitative child labour at the local level.

New approaches

CIDA will explore new programming approaches that build on the lessons of the past 50 years and offer greater development impact. In implementing CIDA's Social Development Priorities, CIDA will adopt the following four principles:

- **Knowledge-based development assistance:** CIDA will draw on recent major advances in technical knowledge in the basic social sectors, and will incorporate this knowledge into its programming. CIDA will strengthen its expertise in the priority areas, so that Canada will become a leader in effective social-sector programming.

- **Impact at the sectoral level:** CIDA will broaden the impact of its projects beyond their initial boundaries by increasing its work with other donors in sectoral approaches, and seeking to influence how effective policies are developed by developing-country governments.

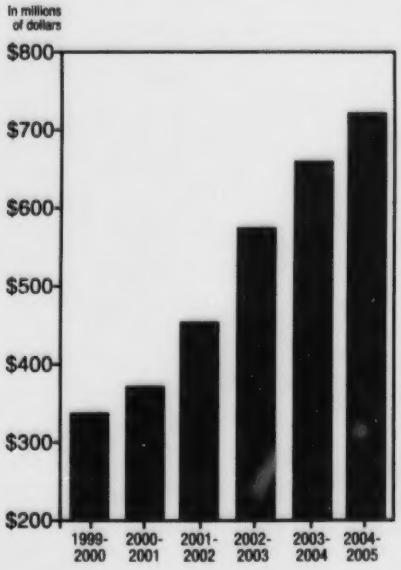
- **Impact at the country level:** CIDA will focus new resources on countries where needs are great and where it can expect to make a difference.

- **Coordinated approaches and local ownership:** CIDA will explore opportunities to coordinate efforts with like-minded donors and multilateral institutions while ensuring that the overall responsibility for coordination of national development rests with the developing country itself.

A need for greater resources - Funding for priorities

CIDA has assessed the current state of its contributions in the four areas of the Social Development Priorities. Although substantial work is underway, much more needs to be done. To this end, the Framework outlines an aggressive five-year investment plan that will bolster and strengthen programming in each area. Funding for the Framework will come from reallocations within CIDA's budget and allocations of resources announced in Budget 2000.

Rising disbursements for CIDA's Social Development Priorities



On a sector-by-sector basis, the disbursement increase will be allocated as shown in the following table. Funding for health and nutrition will more than double over the next five years, increasing from $152 million a year to $305 million a year. This represents a total investment of more than $1.2 billion over five years. Funding for basic education will quadruple over the next five years, increasing from $41 million to $164 million a year. This represents a total investment of $555 million. Funding for HIV/AIDS will quadruple over the next five years, increasing from about $20 million to $80 million—for a total investment of $270 million. Funding for child protection will also increase fourfold, growing from $9 million a year to $36 million a year—for a total investment of more than $122 million. In total, some $2.8 billion will be allocated for programming over five years to the priority areas of social development. The following table provides details.

Funding for CIDA's Social Development Priorities: 1999-2000 to 2004-2005

(in millions of dollars)

	1999-2000 Base year	2000-2001 Year 1	2001-2002 Year 2	2002-2003 Year 3	2003-2004 Year 4	2004-2005 Year 5	Total five-year investment
Basic health and nutrition	$152	$182	$203	$248	$275	$305	$1,213
Basic education	$41	$49	$82	$110	$150	$164	$555
HIV/AIDS	$20	$22	$36	$62	$70	$80	$270
Child protection	$9	$10	$18	$27	$31	$36	$122
Integrated basic human needs (1)	$94	$90	$101	$101	$101	$101	$494
UN social development priority funding (2)	$26	$26	$26	$32	$35	$38	$157
Total: Social Development Priorities	**$342**	**$379**	**$467**	**$580**	**$662**	**$724**	**$2,811**

(1) Integrated basic human needs covers programs that cannot be disaggregated by subarea of activity, or that are designed to strengthen the community to address basic human needs.

(2) The UN social development priority category includes CIDA contributions to the following UN agencies: UNICEF, UNIFEM, UNFPA, and WHO.

Note: For a detailed definition of what activities are included in each of the four priority areas, please see the Annex.

CIDA photo: Ellen Tolmie

Chapter 2: Health and nutrition – Making strides to improve human well-being

The challenge

Good health care and proper nutrition are rights that many people in developing countries do not enjoy. According to UNICEF, 12 million children die from preventable diseases and malnutrition each year, and about 55 million children are deficient in vitamin A, risking measles, diarrhea, blindness, or death. The number of women who die in childbirth far exceeds the number of men killed in armed conflict. Each year, some 600,000 women die giving birth, while another 15 million suffer painful, debilitating, and often permanent injuries.

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Access to clean water and proper sanitation is key to improving global health. More than two decades after the 1977 UN Water Conference declared that access to safe water is a universal right, approximately 1.4 billion people still do not have it, and 2.9 billion lack adequate sanitation.

Proper nutrition is an equal challenge. More than two billion people are deficient in key micronutrients, such as iron, vitamin A, and iodine. Our bodies need only small amounts of these micronutrients, but without them people are more susceptible to blindness, reduced immunity, mental impairment, and death. Poor health care and nutrition are fundamental obstacles to development and progress, but they need not be. Relatively modest investments in good health systems and proper nutrition can help improve human well-being, reduce poverty, and support sustainable economic growth.

The goals

Like the other key areas of CIDA's Social Development Priorities, health and nutrition are reflected in the international development goals outlined in the OECD's *Shaping the 21st Century*:

- to achieve a two-thirds reduction in the mortality rates for infants and children younger than five years old and a reduction by three-quarters in maternal mortality, all by 2015; and
- to provide access through the primary health-care system to reproductive health services for all individuals of appropriate ages as soon as possible and no later than 2015.

Access to clean water and proper sanitation is key to improving global health. More than two decades after the 1977 UN Water Conference declared that access to safe water is a universal right, approximately 1.4 billion people still do not have it, and 2.9 billion lack adequate sanitation.

The OECD has also articulated several supporting objectives:

- the eradication of polio by 2005;
- a reduction of iron-deficiency anemia in women by one-third of 1990 levels;
- the virtual elimination of iodine and vitamin-A deficiency disorders;
- a one-half reduction in the number of undernourished people by 2015;
- a reduction in measles deaths by 95 percent by 2005; and
- a 95-percent reduction in deaths due to malaria by 2005.

Lessons learned

Years of programming to support improved health and nutrition have enabled CIDA and other donors to identify key lessons:

- There are a number of highly effective interventions against major diseases which are under-used: immunization against childhood illnesses, the provision of insecticide-treated bed nets, and short-course therapy for tuberculosis.

- The use of scientific evidence to formulate evidence-based strategies and interventions is an excellent way to enhance aid effectiveness. For example, vitamin-A supplements, which cost only pennies per person per year, have been shown to reduce child death rates by about 23 percent in vitamin-deficient populations.

- There is emerging evidence that micronutrients, especially vitamin A and iron, may reduce maternal mortality by up to 40 percent.

- Delivering health- and nutrition-oriented interventions in an integrated fashion has proven to be an effective strategy.

The Framework builds on these lessons and seeks to close key gaps in CIDA's health and nutrition programming. CIDA has already undertaken considerable programming in immunization and micronutrient deficiencies, and has begun fighting malaria and tuberculosis. More effort needs to be focused on reproductive-health and safe-motherhood programming, as well as strengthened health systems in the developing world.

Slowing the spread of tuberculosis

Every day, 62 Filipinos die from tuberculosis—the highest rate in the world. Canadians are supporting a World Vision project to help Filipinos change that. Community health workers treat patients immediately after diagnosis, and monitor their progress on a daily basis for six months to make sure they take their medication, even if they are feeling better. They have achieved a cure rate of 87 percent, and plans are now underway to expand the project to cover 7 million more people.

Low-cost, technologically simple systems can reduce a host of water-related diseases and illnesses.

The way forward

Continued progress now requires a focused strategy that draws on the best Canada has to offer and supports the international health initiatives of the United Nations and the World Bank. Canada has world-class expertise to offer in the fields of health and nutrition programming.

In November 1996, CIDA launched its Strategy for Health. Its focus is cost-effective interventions to fight debilitating diseases that are locally endemic. To accelerate the strategy's implementation, CIDA has developed a Leadership Initiative for Canada in Health and Nutrition, and is currently elaborating a health and nutrition action plan. CIDA has also developed an HIV/AIDS action plan. Together, the leadership initiative and the action plans will strengthen Canada's contribution to achieving universal access to reproductive health care by 2015.

CIDA will also explore sectoral-level opportunities. It will prioritize strengthening the capacity of national health systems to provide services to the poor. In addition to building capacity, these kinds of programs will help ensure long-term sustainability.

CIDA will complement these efforts with more intensive work in the area of water and sanitation—an estimated 80 percent of disease in the developing world is caused by unsafe water or is water-borne. It does not have to be this way. Low-cost, technologically simple systems can reduce a host of water-related diseases and illnesses.

CIDA's new initiatives include:

- **Immunization: Reaching the unreached**

  Several of the existing international endeavours centre on reaching those who have not benefited from previous immunization efforts. Campaigns to eradicate polio and the work of the Global Alliance for Vaccines and Immunization (GAVI) are examples of this kind of effort.

  Canada will also support expanded programming initiatives to secure measurable improvements in the capacity of health systems in developing countries to expand coverage well into the future.

  When appropriate, Canada will advocate the integration of health and nutrition interventions. Specifically, this could include: distributing vitamin A as part of broader immunization campaigns; transforming national immunization days into Child Health and Nutrition Days by distributing insecticide-treated bed nets; and distributing deworming medication. Canada will also use these events to disseminate general health information.

- **Supporting the Global Stop Tuberculosis Initiative**

  Tuberculosis causes one-quarter of preventable adult deaths in the developing world. One of the best ways to treat tuberculosis is Directly Observed Treatment Short Course (DOTS), which involves making sure patients take medication by observing them directly. However, a lack of DOTS programming has resulted in drug-resistant strains of tuberculosis, which are harder to control and more expensive to treat. Moreover, increasing migration and international travel have made tuberculosis a major global issue that threatens the health security of rich and poor countries alike. DOTS programming should be rapidly implemented to contain this threat. Canada will fund DOTS programming as part of the Global Stop Tuberculosis Initiative, a global campaign coordinated by the World Health Organization, the World Bank, and others. In doing so, it will garner significant benefits for the health of Canadians and for Canada's health budgets.

Malaria kills about 1.1 million people each year, mostly children under five years of age.

- **The Roll Back Malaria campaign**

  Malaria kills about 1.1 million people each year, mostly children under five years of age. The Roll Back Malaria campaign's goal is to reduce by 50 percent the malaria mortality rate by 2010. CIDA will invest more resources in this effort, and will pay particular attention to improving the capacity of developing-country public health systems and institutions to ensure long-term improvement.

- **Supporting safe-motherhood and family-planning programs**[3]

  Annually, over half a million women die of pregnancy-related causes. Unlike child mortality, little progress has been made towards reducing maternal mortality. In fact, nowhere is the gap between the North and South in human well-being more stark than in maternal mortality rates. There is a renewed effort to develop a global partnership for safe motherhood. The most effective contribution to safe motherhood lies in ensuring universal access to high-quality family planning information and services. Programs ensuring that women have access to proper nutrition (in particular, iron, folic acid, and other micronutrients) are also important to maternal survival, as is health care during delivery—each birth should be attended by a skilled midwife, and access to emergency obstetric care (e.g., intravenous fluids, blood, Caesarian section)

[3] This initiative will be linked to CIDA's HIV/AIDS action plan, since both entail renewed emphasis on improving maternal mortality rates and access to family planning.

should be available for those 5 to 15 percent of births where complications occur. This is an area where the focus on basic education is also very important. Programming focused on gender equality and girls' education is critical to reducing maternal mortality.

In addition to funding already committed in this area, and those family-planning activities outlined in the HIV/AIDS action plan, CIDA will increase its funding for safe-motherhood programming over the next two years through the Making Pregnancy Safer Global Partnership, led by the World Health Organization. These resources will allow CIDA to increase its support for programs meant to ensure universal access to family planning.

- **Water and sanitation**

Most members of the international donor community have been developing policies on water and sanitation. Typically, these policies draw on the recommendations that have emerged from international meetings held over the last several years, including the International Conference on Water and the Environment (1992) and the First World Water Forum (1997). "No single measure would do more to reduce disease and save lives in the developing world than bringing safe water and adequate sanitation to all," says UN Secretary-General Kofi Annan in a report for the UN Millennium conference in September 2000. As part of the health and nutrition action plan, CIDA will develop a water and sanitation plan to integrate its efforts and enhance Canada's resource commitment to this important area.

Saving lives with vitamin A

In 1999, Canada provided UNICEF and other agencies with 455 million vitamin-A capsules to be distributed in more than 50 countries. For pennies per child, millions of children are being protected every year from blindness, severe infections such as measles and diarrhea, and death. More than 200,000 lives have been saved.

CIDA photo: Bruce Paton

Chapter 3: Basic education – Ensuring opportunity for all

The challenge

Quality basic education is a fundamental human right. However, many continue to be denied this right and the opportunity to enjoy its many benefits: better health, reduced fertility, higher productivity, increased family income, and the chance to live and work in dignity and make informed decisions about one's life.

In 1990, representatives of 155 governments met in Jomtien, Thailand, and committed to "meeting the basic learning needs of all." These challenges are formidable:

- More than 150 million children start primary school but drop out before they have completed five years of education and acquired basic literacy and life skills. The vast majority of these dropouts are girls.
- 125 million children of primary-school age are not in school. Two-thirds of them are girls.
- One in four adults in the developing world—nearly a billion people—are unable to read or write, and these numbers are increasing. Most are women.

Poverty is the key contributing factor to educational disadvantage. Poor families must focus on survival rather than getting their children into schools. Child labour, rather than child schooling, is often an economic necessity. In cases of extreme poverty, children may contribute up to half of their family's income. Instead of being in school, poor children often enter the informal economy, working the streets as bonded labourers or in illegal, exploitative work such as prostitution.

The spread of HIV/AIDS has also forced many children out of school. Many more children are becoming orphaned—11 million in Africa—and dropping out of school. HIV/AIDS also threatens to reinforce gender disparities in education, since girls in affected households are more likely than boys to remain at home to care for the family. HIV/AIDS is also devastating the teaching profession, as teachers die or fall ill. This has profound impacts on the overall quality of educational systems.

Conflict and natural disasters also have significant impacts. Schools and educational institutions have been destroyed. Costs to rebuild are often beyond the capacities of the state and civil society, leading to more children dropping out of school.

Giving girls and boys in Egypt an equal chance at education

In some 200 communities throughout Upper Egypt, development partners are addressing the critical problem of illiteracy among rural girls. New 'girl-friendly' community schools—built and managed by parents—are overcoming the cultural barriers that have prevented girls from attending classes taught by male teachers and located outside their villages. This innovative project is supported by the Egyptian government, CIDA, and UNICEF, as well as Canadian and Egyptian non-governmental organizations. The Toronto-based Foundation for International Training provides technical and management expertise. As a result, 4,500 girls and about 2,000 boys attend new community schools. Of the 450 pupils who have graduated so far, 400 have gone on to further education.

Three challenges are especially critical:

- First, there is limited and unequal access to educational opportunities—particularly between girls and boys. While poverty excludes both from school, girls are especially affected because "cost" is a matter of perception, and the perceived value of educating girls is often low. Many factors work against parents' natural inclination to educate their daughters. These include the high dowry costs for educated girls, the expectation that girls should care for siblings and perform domestic chores, marriage preparations and puberty rites, as well as the limited promise of future earning potential in societies where men are still seen as the principal breadwinners.

- Second, it is not enough that children attend school. The quality of the school environment, teaching, and learning is critical. This means that it is essential to tackle the complex set of factors that contribute to the low quality of education in many developing countries: poor teacher training and lack of motivation; inadequate, unavailable, or irrelevant learning materials; unsafe, unhealthy, and unfriendly schools; and poorly planned and managed educational systems.

- Third, investments in education must be appropriately targeted. In many countries with the worst education indicators, education spending is directed more towards the upper levels, where participation is low and dominated by high-income groups. Often, there is weak political commitment and institutional capacity within governments to develop and implement education strategies that focus on the poor. If education systems are to be sustainable, existing resources must be effectively focused. This means investing in basic education.

The goals

Canada, through this Framework for Action, is committed to meeting the internationally agreed-upon goals for education. The two goals are to:

- show demonstrated progress toward gender equality and the empowerment of women by helping to eliminate gender disparities in primary and secondary education by the year 2005; and
- achieve universal primary education for all children by the year 2015.

Bangladesh's education miracle

In Bangladesh, more than 34,000 thatched-roof schoolhouses with earthen floors and simple teaching materials have sprung up in rural villages since 1985. Established by Bangladesh's largest non-governmental organization, the Bangladesh Rural Advancement Committee (BRAC), these schools are helping more than one million girls and boys enjoy a better life. More than 70 percent of the students enrolled are girls. Along with the Aga Khan Foundation Canada, CIDA has supported this program for 10 years. BRAC's goal is to reach 2.4 million children by 2004.

Lessons learned

In April 2000, the world gathered in Dakar, Senegal, to assess efforts to provide basic education for all the world's people. As part of this process, CIDA also assessed its own experience in basic education, and has looked to other countries to learn from their findings. From this analysis, the following lessons have emerged:

- Strong political and institutional commitment, from both developing countries and donors, is vital to achieving universal primary education.
- Gender equality in education requires forceful, direct approaches. Girls' education is but one entry point to begin tackling gender inequities. Integrating gender equality systematically throughout all education interventions is critical if real equality is to be achieved.
- Quality education is vital, and it must be improved while access is expanded. Ensuring quality teacher education is the most important intervention a country can make.
- Education must be affordable and inclusive, particularly if it is to reach the poor, women and men, girls and boys, the marginalized, people with disabilities, and Aboriginal peoples.
- The impact of donor support on basic education can be increased through sectoral approaches that encourage host-country ownership and commitment.
- Information and communications technologies hold great promise, as long as they are planned to meet the needs and capacity of developing countries.
- Decentralization of education is vital if partnerships are to be built and respected. Enabling local communities to become involved in the education of their children is essential for mobilizing new resources and improving the quality and relevance of education.

The way forward

In April 2000, Maria Minna, Minister for International Cooperation, led Canada's delegation to the World Education Forum in Dakar. At the Forum, Canada reaffirmed its support for the internationally agreed-upon education targets, and CIDA's commitment to basic education. Minister Minna spoke on behalf of 11 donor countries at the closing ceremony, and conveyed the world community's united commitment to the targets and its willingness to support those governments committed to universal primary education and gender equality.

Following Dakar, CIDA is developing an education strategy and action plan that build on the Agency's strength in programming in girls' education and its commitment to gender equality. The initiatives outlined in the strategy and action plan will be the basis for Canada's contribution to achieving universal, quality primary education by 2015. The strategy and action plan will also explicitly link CIDA's approach to education to elements of this Framework, particularly HIV/AIDS.

Canada's knowledge, experience, and research in all aspects of educational development will be used to strengthen our programming efforts.

The action plan will use new approaches to development programming, and will be driven by the explicit needs of our partner countries. It will also reflect areas of Canadian comparative advantage and complement the activities of other donors. CIDA will look for opportunities to:

- **Support the development of the education sector in selected countries committed to sound education reform and universal primary education:** This requires a firm, long-term commitment to the education sector by CIDA and partner countries. CIDA will also look for opportunities to work with the World Bank and other donors involved in sectoral approaches in selected countries.

- **Improve programming in the education sector:** Canada's expertise in learner-centred educational approaches, teacher training, curriculum development, and the creation of child-friendly, girl-friendly schools is well-established. Canada also has experience in using distance education and information technology for the professional development of educators, and to expand access to educational information and resources. Canada's knowledge, experience, and research in all aspects of educational development will be used to strengthen our programming efforts.

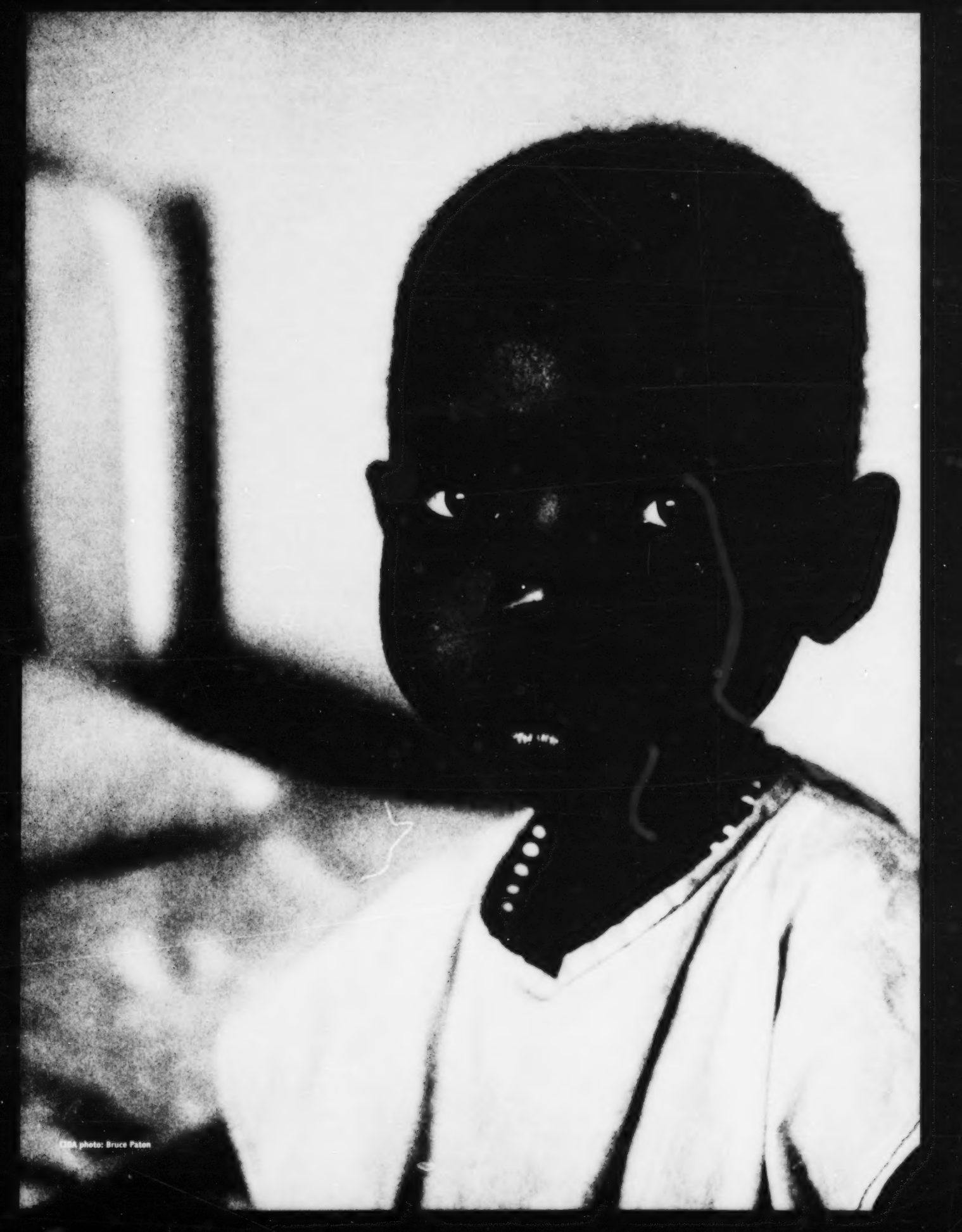
- **Invest in girls' education:** By building on the strength of its programming in girls' education and on its commitment to gender equality, CIDA will develop a Leadership Initiative for Canada in Closing the Gender Gap in Primary Education. A global UN Girls' Education Initiative is also now being developed under the leadership of UNICEF. This is an opportunity for CIDA to work in partnership with other multilateral and bilateral organizations towards eliminating gender disparities by 2005 in primary and secondary education.

- **Strengthen action against HIV/AIDS through education:** Education can lower risk factors for HIV/AIDS by giving young people the life skills they need to avoid infection. Educational systems can also be beneficial in dispelling myths about AIDS and teaching values, attitudes, behaviour, and knowledge conducive to preventing AIDS. Focusing on youth and children under 16 will enable educators to reach young people before they become sexually active or drop out of school. In all of CIDA's work in education, it will be critical to address HIV/AIDS in the broadest sense through policy development and strategic programming.

- **Support better integration of the educational efforts of local communities and non-governmental organizations within the context of broader reforms undertaken by the formal education system:** CIDA has experience working with non-governmental organizations involved in education, largely through community-schools initiatives. CIDA's current programs in education, through non-governmental organizations and other associations, will be expanded.

- **Strengthen political commitment:** Basic education must remain high on the global political agenda, and will be part of the Canadian agenda at meetings such as the G8, UN conferences, world summits, and other international fora. CIDA will also provide strong support to the World Bank's efforts to push for a global consensus on the centrality of education for economic and social development.

CIDA photo: David Barbour


CIDA photo: Bruce Paton

Chapter 4: HIV/AIDS – Confronting the global pandemic

The challenge

HIV/AIDS is a global pandemic that threatens the lives of millions. Its spread is a daunting challenge to poor countries and their governments. While the disease cuts across income, gender, and ethnicity lines, the poor are especially vulnerable to infection because they lack access to health care, education, and other social services.

The global picture is bleak. After just 20 years, the disease is killing more people than any other infectious disease and is spreading at an alarming rate. Already, some 33 million people are infected worldwide... Some 13.7 million Africans have already been claimed by the virus, leaving behind about 11 million orphans.

The global picture is bleak. After just 20 years, the disease is killing more people than any other infectious disease and is spreading at an alarming rate. Already, some 33 million people are infected worldwide. There are 16,000 new infections each day—95 percent of these infections are in developing countries.

In sub-Saharan Africa, the situation is especially acute. With close to 70 percent (about 23.3 million) of the world's HIV-positive population—55 percent of whom are women—Africa can expect that most of its HIV-infected population will die within the next 10 years. Some 13.7 million Africans have already been claimed by the virus, leaving behind about 11 million orphans. The medium- and long-term implications for development are devastating.

HIV/AIDS is also gaining strength elsewhere. Since 1994, the prevalence of HIV in Asia and the Pacific has increased more than 100 percent. AIDS or AIDS-related causes have already killed over 1 million people in South and Southeast Asia. In Latin America and the Caribbean, almost 400,000 adults and children have died from HIV/AIDS, and the disease has created more than 120,000 orphans.

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The spread of HIV/AIDS is compromising the ability of people in developing countries to shape their society's development and continue to make social and economic progress. By reducing life expectancy and exacerbating the spread of tuberculosis and other co-infections, HIV/AIDS is undermining investments in education and human capital and threatening to reverse the hard-won gains of development.

The goals

CIDA's Social Development Priorities will focus on internationally agreed-upon objectives:

- that by 2005, at least 90 percent, and by 2010, at least 95 percent, of young men and women aged 15 to 24 have access to the information, education, and services necessary to develop the life skills they need to reduce their vulnerability to HIV infection; and

CIDA photo: Pierre St-Jacq

- that by 2005, prevalence of HIV/AIDS in the 15 to 24 age group is reduced by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent.

The international community shares these goals, and progress towards them requires all countries to contribute. The Framework for Action is Canada's way to focus resources on accelerating progress towards these goals.

Lessons learned

CIDA's analysis of its own programming and of efforts made by other countries and institutions highlights several important lessons. Effective efforts to combat HIV/AIDS include:

- **Identifying and taking advantage of synergies with other donors:** By contributing to larger, multidonor programs and seeking areas of collaboration with key bilateral and multilateral agencies, CIDA is able to achieve greater breadth and impact than would otherwise be feasible. Improved coordination also simplifies the beneficiaries' reporting requirements and reduces demands on their public health sectors.

- **Identifying links with the national programs of recipient governments:** These links are often critical to success, since they help to ensure buy-in and support from national authorities and stimulate political commitment to fighting HIV/AIDS.

- **Treating and controlling all sexually transmitted diseases to minimize the risk of HIV infection:** This has been an important dimension of CIDA-supported projects in Kenya, West Africa, and the Caribbean, and is an area where CIDA has shown leadership.

- **Building capacity at the community level:** Working with local citizens to enhance prevention and coping skills is essential for combatting the spread of HIV/AIDS, and has been a central component of many CIDA-funded projects.

- **Supporting peer counselling:** This has proven to be a locally relevant, culturally sensitive, and effective way of communicating information on HIV and AIDS.

- **Providing training in prevention and control through regional networks:** This has allowed CIDA to build capacity and use skills that are already present in the region, rather than relying on outside expertise.

At the same time, significant barriers remain. More work must be done in the following areas:

- **Gender issues:** Gender power relations, as well as the social stigma encountered by HIV-infected women, are major constraints on HIV control. Women are more physically and socially vulnerable to HIV/AIDS. More research into female-controlled protection methods is essential.

- **Social stigma:** Breaking the silence created by stigma and discrimination is key to prevention.

- **Dependence on donor support:** Community-based projects often require long-term, sustained donor commitment. Short-term interventions are not enough.

- **Inflexibility:** Strategies must be able to absorb new findings and adapt approaches accordingly.

- **Lack of attention to integrated reproductive health programming:** Family-planning issues and HIV/AIDS programming must be more closely integrated.

The way forward

Based on these lessons, CIDA has developed an HIV/AIDS action plan, which outlines a multipronged approach that draws on the lessons learned and addresses critical HIV/AIDS issues. This approach includes the need for gender sensitivity in prevention and treatment strategies, more attention to the linkages between HIV/AIDS and other development issues, a focus on the needs of children orphaned by AIDS, and the need for greater capacity-building in national health-care systems. With these considerations in mind, CIDA will focus on those dimensions of the HIV/AIDS problem where action needs to be strengthened. They include:

- **Strengthening political commitment:** Countries like Uganda, Thailand, and Senegal have shown that political commitment at the highest levels is key to controlling HIV/AIDS. In those cases where governments are uncomfortable with having a frank discussion of the issue, high-level summits, visits by heads of state, and exchanges among diplomatic staff should encourage open discussion and promote commitment. CIDA will also work to increase the role and contribution of the private sector in fighting HIV/AIDS in the developing world.

Protecting newborns

In Zimbabwe, CIDA is supporting a study to determine whether vitamin A can reduce mother-to-child transmission of HIV. The study involves 14,000 mothers and their babies, who are administered vitamin-A supplements at delivery. The mothers are followed for a period of two years to assess the impact of the treatment on their disease. The study is a joint effort of the Montreal General Hospital Research Institute, the University of Zimbabwe, the City of Harare, and Johns Hopkins University.

There is an urgent need for female-controlled preventive methods, especially in Africa where women outnumber men among HIV-infected adults. Research shows that "invisible" methods (like microbicides and gels) can be highly effective in preventing many sexually transmitted diseases, including HIV.

- **Improving reproductive health programming:** The links between reproductive health and HIV/AIDS are insufficiently recognized, both at policy and programming levels. HIV/AIDS counselling and testing should be made available as a routine component of reproductive health services. Moreover, the control and management of all sexually transmitted diseases should be integrated into the training of health workers in remote areas where full health services are not available.

- **Using the education sector more effectively:** The education sector can be an effective tool in reaching vulnerable groups, especially youth. By providing young people with important life skills (literacy, self-confidence, negotiating skills, and employment skills), education can slow the pandemic by disseminating information and equipping children with the knowledge they need to avoid infection. CIDA will pay more attention to how education systems respond to the impact of HIV/AIDS.

- **Focusing research on the development of female-controlled methods:** There is an urgent need for female-controlled preventive methods, especially in Africa where women outnumber men among HIV-infected adults. Research shows that "invisible" methods (like microbicides and gels) can be highly effective in preventing many sexually transmitted diseases, including HIV. In developing countries, partnerships between Canadian and African researchers could help prepare the field sites for clinical trials so that these and other promising technologies can be introduced rapidly once they have been proven safe and effective. CIDA recently announced that it will fund clinical trials of a new product to reduce or prevent the transmission of HIV and other sexually transmitted diseases to women.

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- **Enhancing support for vaccine development:** Less than five percent of the resources spent on HIV/AIDS worldwide is devoted to vaccine research and development. Health education and condom promotion are essential to preventing the spread of HIV/AIDS, but support is also needed to develop vaccines that could provide direct and more complete protection against the HIV/AIDS virus. Vaccines are increasingly seen as the centrepiece to fighting the HIV/AIDS pandemic. An excellent example of how we can accelerate scientific progress is the International AIDS Vaccine Initiative (IAVI). CIDA will contribute $5 million to IAVI, a global organization working to speed the development and distribution of preventive AIDS vaccines.

CIDA photo: David Barbour

Roger LeMoyne

Chapter 5: Child protection – Investing in the future

The challenge

Children—all girls and boys under the age of 18—are an increasingly large part of the population in the developing world. For example, 54 percent of the population of sub-Saharan Africa is now under 18 years old. However, despite their numbers and importance, the majority of the world's children are denied their basic rights to health, education, protection, and participation in decisions affecting their lives. Meeting these needs will be fundamental to improving the prospects for global sustainable development.

Some children face unique threats and need special protection. Helping these children must go beyond providing them with access to their basic rights to health and education; they also need protection from exploitation and abuse. These are boys and girls who work in exploitative conditions (including the sex trade), who participate in armed conflict (or are otherwise affected by it), and who live on the streets. Children with disabilities and children from ethnic-minority groups may also need special protection. In all of these situations, girls may be particularly disadvantaged and often experience exploitation differently than boys.

- Over 250 million girls and boys under 14 are currently working around the world—120 million of them are working full-time. These children often work long hours, are denied access to any form of education, and are subjected to the worst forms of exploitation.

In the past decade alone, wars have claimed the lives of 2 million children, and have left another 5 million physically disabled. Millions of girls and boys have been traumatized by the violence they witnessed. There are about 300,000 child soldiers participating in conflicts around the world.

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- Millions of boys and girls live on the streets throughout the world. Their lives are often marked by violence, as well as substance and sexual abuse. Over 1 million children are forced into the sex trade every year. The vast majority of them are girls who are at risk of unwanted pregnancy and unsafe abortions. Both girls and boys in the sex trade are at risk of sexually transmitted diseases including HIV/AIDS, social ostracism, and loss of self-esteem.

- One in 10 children is either born with or acquires a disability. In many cases, these children are rejected by their families and their communities, and are neglected by service providers. The World Health Organization estimates that only five percent of disabled children in the developing world have access to rehabilitation, and that less than two percent attend school.

- Children from ethnic-minority groups may face racism and violence, and may be more vulnerable to unfair treatment by authorities. These children may also find themselves disconnected from their cultural values and rejected by mainstream society.

The goals

As a signatory to and leading participant in international agreements on children, Canada is committed to:

- providing improved protection of children in especially difficult circumstances, and tackling the root causes leading to such situations (World Summit for Children, 1990);

- recognizing that mentally or physically disabled children should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance, and facilitate their active participation in the community (article 23, *Convention on the Rights of the Child*);

- fulfilling the rights of children from ethnic, religious, or linguistic minority groups (or children of indigenous origin) to enjoy their own culture, to profess and practise their own religion, or to use their own language (article 30, *Convention on the Rights of the Child*);

- recognizing the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous, to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral, or social development (article 32, *Convention on the Rights of the Child*);

- protecting the child from all forms of sexual exploitation and abuse (article 34, *Convention on the Rights of the Child*);

- taking all appropriate measures to promote the physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman, or degrading treatment or punishment; or armed conflicts—such recovery and reintegration shall take place in an environment that fosters the health, self-respect, and dignity of the child (article 39, *Convention on the Rights of the Child*); and

- taking immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency (article 1, International Labour Organization's *Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour*).

CIDA is committed to helping achieve Canada's international child-protection goals to ensure that children's rights are respected, and to increase the quality, quantity, and cost-effectiveness of its interventions in child protection. In the October 1999 Speech from the Throne, the Government underlined Canada's commitment to championing efforts to eliminate the exploitation of children and to reach international agreements to protect the rights of children, including the use of child soldiers in armed conflict.

Lessons learned

CIDA will apply the lessons learned by the international community and from its own experience to its future work in child protection. These lessons include the following:

- Children's needs are met most effectively when they are made the primary target of development assistance initiatives, and are not considered secondary beneficiaries of projects intended originally for their parents or other adults.

- Children are active participants in their families and communities and should be seen as resilient individuals who are the subject of human rights according to the *Convention on the Rights of the Child*.

- Increased advocacy for children's rights helps to raise the profile of child-protection issues, and to change prevailing attitudes (e.g., that child labour is an unavoidable consequence of poverty).

- Girls often have particular needs and face different challenges than boys. For example, many girls are subject to gender-based discrimination and violence.

- Campaigns to ban child labour may force children to undertake more dangerous work, rather than increasing their chances of going to school. While committed to eliminating hazardous child labour, CIDA believes that a distinction must be made between hazardous labour (that is detrimental to a child's physical and psychosocial development) and work that does not threaten a child's well-being and allows for educational opportunities.

- Boys and girls are affected by armed conflict differently than adults. Canada cannot focus only on child soldiers—we must also look at all of the ways in which children are affected by armed conflict, whether as refugees or displaced persons, as people losing access to health and education services, as orphans, as "wives" to soldiers, or as victims of land mines. War-affected children need more than emergency assistance—they need long-term responses that will help them build sustainable and meaningful lives.

The trauma of war

During the crisis in Kosovo, more than 800,000 people, mainly women and children, became internally displaced to other parts of the former Yugoslavia or refugees in surrounding countries. To help deeply traumatized children living in refugee camps, the International Children's Institute implemented a program of psychological support, with CIDA's help. Through storytelling and games, they encouraged children to talk about their experiences and reactions to the war, and their exodus from Kosovo.

The way forward

An investment in children contributes directly to CIDA's overarching goals of sustainable development and poverty reduction. Both goals contribute to a more secure, equitable, and prosperous world. CIDA's work in child protection will be guided by a shift in thinking; rather than viewing children as passive recipients of development assistance, children will be treated as active participants in their own development.

CIDA will build on its past experience of providing assistance through its multilateral and partnership channels, as well as its more recent experience of programming through bilateral channels. In addition, Canada's non-governmental organizations and academic community are doing innovative and pioneering work that addresses child-protection issues. Canada is especially noted for its promotion of the participation of children in international conferences and child-protection projects.

Canada can capitalize on the credibility it has gained in the area of children's rights to show greater leadership internationally on child-protection issues. Canada co-chaired the 1990 World Summit for Children, and played a key role in developing the 1989 *Convention on the Rights of the Child*. Canada, along with the other five countries who co-initiated the 1990 summit, is now leading the effort to promote the 10-year review meeting of heads of state at the United Nations General Assembly in September 2001. Canada will also host a major international conference on war-affected children in September 2000.

CIDA will concentrate on two areas—child labour and war-affected children—to maximize the impact of its efforts in the area of child protection.

CIDA will concentrate on two areas—child labour and war-affected children—to maximize the impact of its efforts in the area of child protection. By focusing the bulk of its programming and policy dialogue efforts on these two themes, CIDA can have a greater impact. Exploitative child labour and war-affected children have emerged as two of the most important child-protection challenges in Africa, the Middle East, Asia, and the Americas. There are also real opportunities for Canadian leadership in these areas—both in hosting the international conference in Winnipeg and in helping countries implement the new International Labour Organization (ILO) convention. Approaches based on gender equality will be a distinct feature of all its interventions.

Child-labour initiatives

CIDA, in partnership with the ILO and the Labour Program of Human Resources Development Canada, will help selected developing countries implement the new ILO convention on the worst forms of child labour. It will help establish processes for identifying the most harmful types of child labour, and strategies both for moving children out of or preventing their employment in these sectors. It will also help to identify key areas of investment to benefit working children, such as non-formal basic education.

CIDA will include child labour as a topic in its policy dialogue with developing countries where harmful child labour is a serious problem. It will promote an approach that recognizes that the first step in eliminating hazardous child labour involves distinguishing between hazardous work and work that is not dangerous for children and that includes opportunities for education.

CIDA will support innovative research initiatives in new areas. For example, it could support research on how small- and micro-enterprise development programs can become part of the solution to exploitative child labour at the local level.

CIDA will support pilot-project initiatives that encourage non-governmental organizations and governments to listen to the opinions of working children through innovative means, and to alter their programming accordingly.

CIDA will undertake projects dealing with child labour. Priority areas for investment could include: increasing access to and improving the quality of non-formal education for children who continue working in safe conditions; formal education for children who leave hazardous work (and other rehabilitative services for such children as child prostitutes); vocational training and income-generating activities for the families of child labourers; advocacy about the need for workplace safeguards for children and about children's rights more generally; and preventative efforts with families whose children are at risk of entering exploitative work.

War-affected children

CIDA, with the Department of Foreign Affairs and International Trade, is hosting an international conference on war-affected children in September 2000. Before this conference, CIDA explored possible strategic alliances with like-minded donors, key non-governmental organizations, and United Nations agencies like UNICEF and the United Nations High Commissioner for Refugees.

CIDA will develop a multidimensional program response to war-affected children, including a focus on key areas such as basic education (both for refugee children and those involved in post-conflict situations), education that empowers young people to prevent and resolve conflict, rehabilitation of children including access to basic health and psychosocial services, opportunities for recreation, as well as activities aimed at preventing the recruitment of children into armed forces and promoting the reunification of families. CIDA will also promote opportunities to engage youth as full participants in developing policy and programming for war-affected girls and boys. To be more effective, CIDA will coordinate its efforts at providing humanitarian assistance with longer-term considerations for building meaningful lives for these children.

Canada will engage in policy dialogue with countries in conflict to highlight the impact of war on girls and boys, and to advocate for increased protection of children in war situations by reducing the systematic violations of children's rights and increasing investments in children.

Finally, in all areas of intervention, CIDA will foster a learning environment by:

- partnering with others to conduct innovative, action-oriented research and to disseminate the results broadly;
- promoting opportunities for participatory evaluations of child-protection initiatives;
- working with developing countries, other donors, and multilateral institutions to introduce knowledge-based approaches to interventions;
- collecting and disseminating information about successful programming and policy approaches to child protection; and
- ensuring that attention is paid to both girls and boys.

CIDA photo: Nancy Durrell McKen

Chapter 6: Implementing CIDA's Social Development Priorities through new approaches

CIDA will focus its strengthened resources on the four areas of the Social Development Priorities, and will ensure that its efforts are of the highest quality. Sound programming is essential to ensure that the public's resources are used effectively for maximum development impact. CIDA will therefore adopt a more focused, strategic approach to programming—one that relies less on separate projects and more on broad, coordinated approaches. Specifically, CIDA will adopt the following four principles:

- knowledge-based development assistance;
- impact at the sectoral level;
- impact at the country level; and
- coordinated approach and local ownership.

In these approaches, CIDA will ensure that its programming in the four priority areas is integrated so that work in one priority area also contributes to work in the other priority areas.

Knowledge-based development assistance

CIDA will take advantage of recent major advances in scientific and specialist knowledge in the basic social sectors. Within the context of the needs and priorities of the developing country, programming decisions will be based on:

- carefully reviewing the programming options, including newly developed interventions; and
- choosing among the options based on knowledge of effectiveness.

CIDA will also seek to draw on the technical expertise of its partners by supporting the creation of knowledge networks in each of the four priority areas. These networks will provide a way to share critical information among governments, non-governmental organizations, communities, and businesses in Canada and developing countries.

Building on existing knowledge, CIDA will seek to become a knowledge leader in each of the four priority areas by strengthening its expertise in each. Strengthening CIDA's in-house expertise will require ongoing investments in human resources, as well as the establishment of strategic alliances with recognized centres of excellence. Other measures will include a regular review of lessons learned from current programming, enhanced specialist staff in the social-development sectors (including gender specialists), strengthened CIDA networks, and corporate pooling of knowledge.

CIDA will also seek to draw on the technical expertise of its partners by supporting the creation of knowledge networks in each of the four priority areas. These networks will provide a way to share critical information among governments, non-governmental organizations, communities, and businesses in Canada and developing countries. In this way, the networks will contribute to strengthening the quality and sustainability of programming within CIDA's Social Development Priorities framework.

Impact at the sectoral level

CIDA will act to broaden the impact of its projects beyond their initial scope. There are a number of ways to do this—one way is for CIDA to increase its participation in sectoral approaches. Sectoral approaches begin with a comprehensive analysis of a sector, and then move forward to develop objectives and priorities for national frameworks and programs. Done in coordination with other donors, sectoral approaches would allow CIDA to provide broad support—financial and technical—to developing countries in a given sector, like health or education. CIDA's resources and knowledge would be used to improve planning and service delivery within that sector. This kind of approach aims to build sustained capacity within a country to address social issues in ways that are more responsive to local concerns. It is an approach that puts a premium on the quality of the knowledge Canada is able to provide to its developing-country partners.

Sectoral approaches can also be an effective mechanism to support gender equality. Because of their focus on developing objectives and priorities for national frameworks and programs in particular sectors, sectoral approaches present good opportunities for addressing gender equality within a given sector, especially if gender concerns are brought forward in the early stages of a sectoral approach's development.

In countries where a formal sectoral-approach program is not in place, CIDA will still seek to make an impact at the sectoral level. CIDA will play a stronger role in policy dialogue with developing-country governments to help improve public policy in the social sectors. CIDA will also help to build systems and institutions in developing countries that will allow the country to take charge of its own social development.

Impact at the country level

To strengthen the development impact of its investments, CIDA will concentrate its new resources for CIDA's Social Development Priorities on a limited number of countries where Canadian support can expect to make a difference. Three main criteria will be used to select countries:

- First, they will be countries where CIDA already has a well-established program of development assistance. This will allow Framework-related efforts to build on existing work.

- Second, they will be countries where there is a demonstrated need in at least one of the four priority areas.

- Third, they will be countries that have demonstrated their commitment towards making progress in these areas. This criterion will ensure that recipient governments take ownership of the new programming initiatives. (One exception to this third point is child protection, particularly for programs dealing with war-affected children, where civil unrest could make government ownership impractical.)

Some countries may be the focus of programming in all four areas of the Framework. In most cases, however, country focus will vary by sector. In Asia, for example, Bangladesh might be the best choice for enhanced work on basic health and education. For HIV/AIDS, a country in Southeast Asia or Africa might be more appropriate.

Other criteria which may be considered include the availability and interest of other donors in working with CIDA, and the potential for program or sectoral approaches within the country.

CIDA will work to identify these focus countries in the coming months.

Coordinated approach and local ownership

Coordinated efforts are essential for eliminating duplication, reducing the burden that different donor requirements often present to recipient countries, and ensuring that lessons learned are shared with the other participants. Enhanced coordination also gives donors and developing countries opportunities to tailor their programming in complementary ways that ensure the greatest possible impact. It is important that overall responsibility for development coordination rests with the developing country; aid is more likely to meet with success if the process is driven by the needs and demands of the recipient government.

photo: Pierre St-Jacques

CIDA will explore opportunities to coordinate with those donors that share its vision, such as the members of the Utstein Group[4] and key multilateral development agencies. Moreover, CIDA will work to support key international initiatives, such as UNICEF's Girls' Education Initiative. Effective coordination will require CIDA to act strategically, as its relative capabilities and strengths allow. When appropriate, CIDA will play a leadership role; at other times, it will support the work of other donors. In all cases, CIDA will make improved donor coordination and local ownership—"putting the developing country in the driver's seat"—the fundamental principles of all Canadian aid programming, and will reinforce these themes in the world of development cooperation.

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[4] The Utstein Group is comprised of development ministers from the United Kingdom, the Netherlands, Norway, and Germany. The ministers met at Utstein Abbey in western Norway in July 1999 to discuss future strategies for cooperation in their efforts to fight poverty and promote sustainable development.

CIDA photo: Peter Bennett

Annex: Definitions of four priority areas under CIDA's Social Development Priorities

1) Basic health and nutrition

Basic health and nutrition comprises programming in the following areas:

Primary health care

Prevention and control of diseases: Immunization against major infectious diseases. Prevention and control of endemic diseases, including the Expanded Program on Immunization (EPI), diarrheal diseases, HIV/AIDS, malaria, and other major programs. Anti-smoking initiatives.

Basic curative care: Treatment of common diseases and injuries. Provision of essential drugs.

Health education: Access to information, education, and training for local populations about prevailing health problems, including methods of identification, prevention, and control. School health programs to treat worm infections and micronutrient deficiencies, and to provide health education.

Health personnel development: Staff training in primary health care. Training for nurses, health aides, administrators, and other personnel (such as midwives). Support for training facilities and training materials (excludes medical training for tertiary care).

Capacity-building: Strengthening of services in rural and urban areas, with a focus on better quality and more accessible services. Strengthening of district hospitals and health-service management. Capacity-building of institutions delivering primary health care. Development of coordinated policies to improve primary health programs.

Family planning and reproductive health care

Family planning services: Client-centred family-planning programs. Delivery of contraceptive services. Capacity-building for information, education, and communication regarding family planning and population and development issues.

Basic reproductive health services: Information and routine services for prenatal, normal and safe delivery, and postnatal care. Access to safe birth control and reproductive health services. Education and information on reproductive health and against harmful practices. Counselling. Diagnosis and treatment of infections related to pregnancy and delivery complications.

Capacity-building: National capacity-building through support for training. Improvement of gender-disaggregated information management and statistical systems. Support for demographic and program-related data collection and analysis. Policy development research.

Food and nutrition

Household food security: Activities to improve access to food at the household and community levels. This includes home gardening, training of agricultural extensionists and food producers with a gender perspective, and food security for landless workers and urban and peri-urban poor households. Support to improve local food production, animal husbandry, traditional fisheries, storage facilities, and applied food crop research.

Micronutrient malnutrition: Identification of micronutrient deficiencies. Provision of vitamin A, iodine, iron, and other micronutrients through supplementation, fortification, and change of diet, especially for children and pregnant women. Promotion of breastfeeding. Improving child nutrition practices.

Capacity-building: Training on nutritional issues directed at all household members. Community participation and empowerment. Establishment of community-based nutritional status information systems. Collection and processing of local and national gender-disaggregated data on nutritional status. Improved national nutrition policies and strategies. Development of long-term food security policies.

Water and sanitation

Drinking-water supply: Provision of water supply through low-cost technologies, including hand pumps, wells, boreholes, gravity-fed systems, and rainwater collection. Storage tanks in rural and peri-urban areas.

Water treatment: Low-cost systems for preventing or eliminating the contamination of water supplies. Chlorination and filtering. Slow-sand or low-cost filtration water treatment plants. Rural or peri-urban water treatment.

Sanitation: Low-cost, on-site sanitation, including gray and sanitary waste-water disposal, latrines, and other systems. Water-borne sanitation of sewage disposal systems, including small-bore sewerage, conventional sewerage, and septic tanks. Liquid waste treatment including conventional treatment, waste stabilization ponds, resource recovery.

Health concerns: Control of transmission routes. Drainage and spraying of breeding grounds. Improved control of diseases and infections caused by unsanitary conditions. Safe storage of water. Health education related to water-borne diseases.

Capacity-building: Training in maintenance and repair of low-cost water and sanitation systems. Promotion of community participation, social mobilization, and gender-balanced approaches. Support for institution and capacity-building in the area of water supply. Development of coordinated policies to improve the delivery of water and sanitation programs.

2) **Basic education**

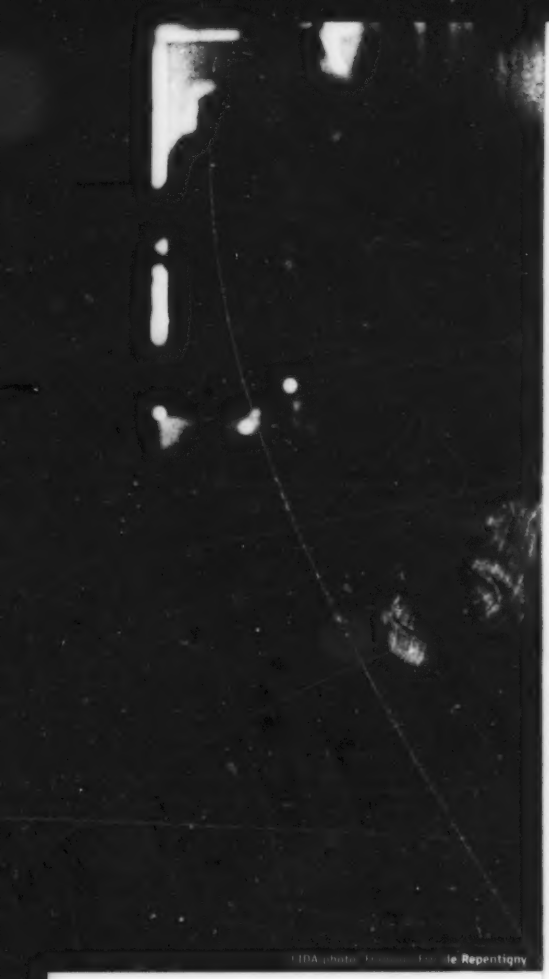
Early childhood development: Child care; stimulation and learning through family and community-based programs and pre-school institutions. Education for children in difficult circumstances.

photo: Roger LeMoyne

Primary education and alternative programs: Infrastructure development and upgrading of facilities and equipment. Curriculum development. Teacher training and skills upgrading. Provision of learning materials. Evaluation of learning achievements. School feeding programs.

Basic education for youth and adults: Literacy and numeracy programs designed for different sectors. Formal and non-formal education programs providing basic training in skills such as health, nutrition and agricultural techniques. Education programs through traditional and modern media, and other forms of communication.

Capacity-building: Improved system and institutional management. Development of coordinated policies to improve the delivery of basic education programs. Policies and programs designed to remove barriers that prevent girls and women from gaining access to education.



CIDA photo [illegible] Repentigny

3) HIV/AIDS

HIV/AIDS interventions are defined as all activities related to sexually transmitted diseases and HIV/AIDS control, e.g., information, education, and communication; testing; prevention; treatment; care; research; and care for HIV/AIDS orphans. CIDA's contribution to the UNAIDS program is also included in this priority.

Note: To avoid double-counting, the component of reproductive health-care programming related to HIV/AIDS interventions under family planning and reproductive health care is counted towards the HIV/AIDS priority. Similarly, programming related to children affected by HIV/AIDS is counted towards the HIV/AIDS priority, and not the child-protection priority.

4) Child protection

All activities that relate to assisting children (under the age of 18) in need of special protection. Among these groups of marginalized children who are in need of special protection are:

- Working children: Activities related to children under the age of 14 who are working. Special attention to bonded labour and work in hazardous conditions, including those working in the sex trade.
- Children affected by armed conflict: Activities related to the trauma inflicted on children as a result of armed conflict, including child soldiers, refugees, and those orphaned by war.
- Street children.
- Sexually exploited and trafficked children.
- Children from ethnic-minority groups.

Other categories

Also included in CIDA's Social Development Priorities but not broken down by key area are projects and programming in the areas of:

- integrated basic human needs; and
- contributions to multilateral institutions that have activities largely concentrated in the area of social development.

Integrated basic human needs

Integrated projects: Integrated strategies involving several sectors (such as health, education and water, food production and distribution) that make it possible to meet basic human needs.

Community development: Local development funds. Emergency funds to minimize the negative impacts of structural adjustment. Counterpart funds to meet basic human needs. Support for community organizations.

Institution-building: Building the capacity of institutions to improve delivery of essential social services. Public-sector reforms related to redesigning social policy on meeting basic human needs.

Funding to multilateral institutions

Core funding to multilateral institutions has been and will continue to be an important part of CIDA's programming budget. A high proportion of what multilateral institutions fund are activities within the four areas of CIDA's Social Development Priorities. By their very nature, however, it is not easy to ex-ante apportion their spending among the priority areas, although we can do this systematically in an ex-post manner.

There are, however, several United Nations institutions where it makes sense to include CIDA's contributions under CIDA's Social Development Priorities, since virtually 100 percent of their activities deal with the four priority areas.

These institutions are: UNICEF, The United Nations Population Fund (UNFPA), the World Health Organization (WHO), and The United Nations Fund for Women (UNIFEM).

This treatment of multilateral funding still excludes significant expenditures by the multilateral institutions in the four priority areas, especially by: the United Nations Development Programme (UNDP), the World Food Programme, the World Bank, and the regional development banks. CIDA's contribution to UNAIDS is included under the HIV/AIDS category.

Excluded: It should be noted that CIDA's funding of emergency food aid and humanitarian operations is not included as part of CIDA's Social Development Priorities, except for contributions targeted to war-affected children activities, which are included in the child-protection agenda.

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